

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**DADE CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted January 29-31, 2019

**CMA STAFF**

Jane Holmes Cain, LCSW  
Lynne Babchuck, LCSW

**CLINICAL SURVEYOR**

Sandra Bauman, APRN

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**I. Overview**

On January 29-31, 2019, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Dade Correctional Institution (DADCI). The survey report was distributed on March 8, 2019. In April 2019, DADCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the DADCI survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. Items II and III below describe the outcome of the CMA’s evaluation of the institution’s efforts to address the survey findings.

**Summary of CAP Assessments for Dade Correctional Institution**

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	10/8/19	11/5/19	On-site	67	42	25

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 15 of the 31 physical health findings were corrected. Sixteen physical health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<b>Chronic Illness Clinic</b> PH-1: In 3 records, there was no evidence that inmates were seen at the required intervals.		X			

Finding	Closed	Open: Evaluation of records indicated compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Chronic Illness Clinic</u></b>  <b>PH-2:</b> In 3 records, CIC forms were incomplete.</p>	X				
<p><b><u>Endocrine Clinic</u></b>  <b>PH-3:</b> In 2 of 10 applicable records, there was no evidence of an annual fundoscopic examination.</p>		X			
<p><b><u>Endocrine Clinic</u></b>  <b>PH-4:</b> In 8 of 13 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>					X
<p><b><u>Endocrine Clinic</u></b>  <b>PH-5:</b> In 7 of 13 applicable records, there was no evidence of influenza vaccination or refusal.</p>			X		
<p><b><u>Gastrointestinal Clinic</u></b>  <b>PH-6:</b> In 3 of 13 applicable records, there was no evidence that inmates were screened for HCC at the required intervals.</p>		X			

Finding	Closed	Open: Evaluation of records indicated compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Gastrointestinal Clinic</u></b>  <b>PH-7:</b> In 3 of 7 applicable records, there was no evidence laboratory studies were completed as required.</p>	X				
<p><b><u>Gastrointestinal Clinic</u></b>  <b>PH-8:</b> In 5 of 14 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.</p>					X
<p><b><u>Gastrointestinal Clinic</u></b>  <b>PH-9:</b> In 4 of 15 applicable records, there was no evidence of influenza vaccination or refusal.</p>			X		
<p><b><u>Immunity Clinic</u></b>  <b>PH-10:</b> In 1 of 1 applicable records, (16 reviewed), there was no evidence that virological failure was addressed.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Miscellaneous Clinic</u></b>  <b>PH-11:</b> In 4 of 6 applicable records (14 reviewed), there was no evidence of influenza vaccination or refusal.</p>			X		
<p><b><u>Neurology Clinic</u></b>  <b>PH-12:</b> In 2 of 9 applicable records, there was no evidence that seizures were classified.</p>	X				
<p><b><u>Neurology Clinic</u></b>  <b>PH-13:</b> In 1 of 5 applicable records, there was no evidence of influenza vaccination or refusal.</p>			X		
<p><b><u>Oncology Clinic</u></b>  <b>PH-14:</b> In 4 of 8 applicable records, there was no evidence of influenza vaccination or refusal.</p>	X				
<p><b><u>Oncology Clinic</u></b>  <b>PH-15:</b> In 1 of 3 applicable records, there was no evidence of referral to a specialist and/or results of the visit.</p>		X			

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Respiratory Clinic</u></b>  <b>PH-16:</b> In 4 of 16 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	X				
<p><b><u>Respiratory Clinic</u></b>  <b>PH-17:</b> In 8 of 16 applicable records, there was no evidence of influenza vaccination or refusal.</p>			X		
<p><b><u>Tuberculosis Clinic</u></b>  <b>PH-18:</b> In 1 of 2 records reviewed, there was no evidence the monthly nursing follow-up occurred.</p>		X			
<p><b><u>Sick Call</u></b>  <b>PH-19:</b> In 3 of 6 applicable records, there was no evidence the follow-up appointment with the clinician was completed in a timely manner.</p>		X			
<p><b><u>Sick Call</u></b>  <b>PH-20:</b> In 2 of 6 applicable records, the follow-up assessment did not address the complaint</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Infirmary</u></b>  <b>PH-21:</b> In 3 of 12 applicable records, there was no evidence of a complete discharge note by the nurse.</p>	<b>X</b>				
<p><b><u>Infirmary</u></b>  <b>PH-22:</b> In 1 of 5 applicable records, there was no evidence of a complete discharge summary by the clinician.</p>	<b>X</b>				
<p><b><u>Consultations</u></b>  <b>PH-23:</b> In 8 records, the diagnosis was not on the problem list.</p>		<b>X</b>			
<p><b><u>Consultations</u></b>  <b>PH-24:</b> In 3 of 14 applicable records, there was no evidence appointments for follow up or additional diagnostic testing was completed per the consultant's recommendations.</p>					<b>X</b>
<p><b><u>Medication Administration</u></b>  <b>PH-25:</b> In 5 of 11 applicable records, there was no evidence orders were signed, dated, and/or timed by the provider.</p>	<b>X</b>				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Medication Administration</u></b>  <b>PH-26:</b> In 4 of 11 applicable records, there was no evidence of a corresponding note for all medication orders.</p>	X				
<p><b><u>Intra-System Transfers</u></b>  <b>PH-27:</b> In 6 of 14 applicable records (18 reviewed), there was no evidence the inmate's chronic illness appointment took place as scheduled.</p>		X			
<p><b><u>Periodic Screenings</u></b>  <b>PH-28:</b> In 5 of 14 applicable records (15 reviewed), there was no evidence lab results were provided to the inmates at the screening.</p>	X				
<p><b><u>Dental Systems</u></b>  <b>PH-29:</b> There was no evidence that all necessary equipment was in working order.</p>	X				
<p><b><u>Institutional Tour</u></b>  <b>PH-30:</b> The blood glucose monitor quality control checks had not been done for several months.</p>	X				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Institutional Tour</u></b> <b>PH-31:</b> Open insulin vials were not dated.	<b>X</b>				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 10 of the 36 mental health findings were corrected. Twenty-six mental health findings will remain open.

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>SHOS</u></b> <b>MH-1:</b> In 2 records, admission orders were not signed/co-signed the next working day.	<b>X</b>				
<b><u>SHOS</u></b> <b>MH-2:</b> In 4 records, the inmate was not observed at the frequency ordered by the clinician.					<b>X</b>

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p align="center"><b><u>SHOS</u></b></p> <p><b>MH-3:</b> In 2 records, the "Inpatient Mental Health Daily Nursing Evaluation" (DC4-673B) was not completed once per shift.</p>		<b>X</b>			
<p align="center"><b><u>SHOS</u></b></p> <p><b>MH-4:</b> In 2 records, there was no evidence of daily rounds by the attending clinician.</p>					<b>X</b>
<p align="center"><b><u>SHOS</u></b></p> <p><b>MH-5:</b> In 2 records, there was no evidence of daily counseling by mental health staff.</p>	<b>X</b>				
<p align="center"><b><u>Inmate Request</u></b></p> <p><b>MH-6:</b> In 7 records, a copy of the inmate request form was not present in the medical record.</p>		<b>X</b>			
<p align="center"><b><u>Inmate Request</u></b></p> <p><b>MH-7:</b> In 1 of 3 applicable records, an interview or referral did not occur as intended in response to an inmate request.</p>		<b>X</b>			

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Special Housing</u></b>  <b>MH-8:</b> In 3 of 11 applicable records, the “Special Housing Health Appraisal” was incomplete or missing.</p>		<b>X</b>			
<p><b><u>Special Housing</u></b>  <b>MH-9:</b> In 3 of 8 applicable records, psychotropic medications were not continued as ordered while the inmate was in special housing.</p>		<b>X</b>			
<p><b><u>Outpatient Medications</u></b>  <b>MH-10:</b> In 2 of 8 applicable records (19 reviewed), AIMS were not administered within the appropriate time frame.</p>	<b>X</b>				
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-11:</b> In 3 records, the BPSA was not present in the medical record.</p>		<b>X</b>			
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-12:</b> In 3 of 8 applicable records, a follow-up risk assessment for violence was not completed within the required time frame.</p>					<b>X</b>

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-13:</b> In 4 of 13 applicable records, the MDST did not meet to complete the ISP within 7 days of admission.</p>	X				
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-14:</b> In 7 records, the MDST did not meet to review the ISP at required intervals.</p>	X				
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-15:</b> In 4 records, treatment problems and goals were not individualized or not relevant to the presenting diagnosis.</p>		X			
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-16:</b> In 4 records, progress made toward treatment goals was not reflected on the ISP update.</p>		X			
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-17:</b> In 5 of 7 applicable records, the MDST did not meet in response to a precipitating event.</p>		X			

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-18:</b> In 5 records, behavioral level assessments were missing or not reviewed within the required time frame.</p>		X			
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-19:</b> In 4 of 9 applicable records, behavioral levels were modified without documentation of rationale.</p>		X			
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-20:</b> In 9 records, clinical encounters were not conducted at required intervals.</p>					X
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-21:</b> In 9 records, the required hours of structured out-of-cell treatment and services (SOCTS) were not provided.</p>					X
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-22:</b> In 5 records, group therapy notes did not contain required information and were not individualized.</p>					X

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-23:</b> In 9 records, there was no evidence of weekly progress notes.</p>					<b>X</b>
<p><b><u>Inpatient Medications</u></b>  <b>MH-24:</b> In 4 of 17 applicable records, the psychiatric evaluation was not conducted within the required time frame.</p>		<b>X</b>			
<p><b><u>Inpatient Medications</u></b>  <b>MH-25:</b> In 4 of 15 applicable records, the admission note by the attending clinician was not completed timely.</p>		<b>X</b>			
<p><b><u>Inpatient Medications</u></b>  <b>MH-26:</b> In 2 of 7 applicable records, appropriate initial lab tests were not completed as required.</p>	<b>X</b>				
<p><b><u>Inpatient Medications</u></b>  <b>MH-27:</b> In 2 of 7 applicable records, follow-up lab tests were not completed as required.</p>	<b>X</b>				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Inpatient Medications</u></b>  <b>MH-28:</b> In 4 of 17 applicable records, the inmate did not receive medications as prescribed.</p>		X			
<p><b><u>Inpatient Medications</u></b>  <b>MH-29:</b> In 4 records, informed consent was not obtained for each psychotropic medication.</p>		X			
<p><b><u>Inpatient Medications</u></b>  <b>MH-30:</b> In 4 records, follow-up sessions were not conducted at required intervals.</p>		X			
<p><b><u>Inpatient Medications</u></b>  <b>MH-31:</b> In 4 of 6 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>		X			
<p><b><u>Inpatient Medications</u></b>  <b>MH-32:</b> In 1 of 3 applicable records, the rationale for an emergency treatment order (ETO) for medication was not documented.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p align="center"><b><u>Aftercare</u></b></p> <p><b>MH-33:</b> In 9 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p>	<b>X</b>				
<p align="center"><b><u>Aftercare</u></b></p> <p><b>MH-34:</b> In 2 of 4 records, a "Summary of Outpatient Mental Health Care" was not completed for inmates within 30 days of EOS.</p>					<b>X</b>
<p align="center"><b><u>Mental Health Systems</u></b></p> <p><b>MH-35:</b> Outpatient therapeutic groups were not provided to meet the needs of the inmate population.</p>					<b>X</b>
<p align="center"><b><u>Mental Health Systems</u></b></p> <p><b>MH-36:</b> "Mental Health Emergency, SHOS/MHOS Placement log" (DC4-718A) was not completed as required for all mental health infirmary admissions and mental health emergencies.</p>	<b>X</b>				

## **IV. Conclusion**

### **Physical Health-Main Unit**

The following physical health findings will close: PH-2, PH-7, PH-10, PH-12, PH-14, PH-16, PH-20, PH-21, PH-22, PH-25, PH-26, PH28, PH-29, PH-30, & PH-31. All other physical health findings will remain open.

### **Mental Health-Main Unit**

The following mental health findings will close: MH-1, MH-5, MH-10, MH-13, MH-14, MH-26, MH-27, MH-32, MH-33, & MH-36. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by DADCI staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site evaluation.